



State of Arkansas Employment Application

- Applications for employment with the State of Arkansas, or any subdivision thereof, are accepted without regard to sex, race or color, national origin, handicap/disability, age, religion, or political affiliation. Conviction of a crime does not automatically bar any applicant from employment or other opportunities with the State of Arkansas.
- Applications, once filed, may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.
- Applications filed do not create a contract of employment with the State of Arkansas or any of its subdivisions. If any individual is hired, employment is not for any definite period of time. Individuals hired will also be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986.
- Qualified applicants with disabilities, as defined in the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, may request any needed accommodations to participate in the application process.

EQUAL EMPLOYMENT DATA This section is designed to collect information which will be used in the completion of various state and federal reports and will not be used in the processing of, or remain part of, your application. The completion of this section is voluntary.

Applicant's Name _____
Social Security Number _____
Date of Birth _____ ☐ Male ☐ Female

■ **Check one of the four (4) listed which you consider yourself to be:**

- ☐ White (Descendant of the original peoples of Europe, North Africa, or the Middle East)
- ☐ Black (Descendant of the black racial groups in Africa)
- ☐ American Indian or Alaskan Native (Descendant of any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition)
- ☐ Asian or Pacific Islander (Descendant of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands)

Do you consider yourself to be Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture origin, regardless of race)? ☐ Yes ☐ No

■ **Military History**

If you believe you may be eligible for veterans preference consideration, complete this section. The Arkansas Veterans Preference Act states specific requirements which must be met in order to be eligible for veterans preference. Under certain conditions spouses, widows, or widowers of qualified veterans may also be eligible for veterans preference. For consideration of veterans preference, proof such as a DD-214, current letter from the Veterans Administration, or other official documentation may be required. Specific questions regarding veterans preference should be addressed to individual state agency personnel offices.

Have you served on active duty in the United States military, excluding Active Duty for Training (AcDuTra) and Reserve Military Annual Training (AT)? ☐ Yes ☐ No

Branch of service _____

Date of entry _____

Date of discharge _____

Type of discharge _____

■ **How did you learn of this job opening?**

- ☐ Newspaper
- ☐ Employment Security Department
- ☐ Agency announcement
- ☐ Educational Institution. Name of Institution: _____
- ☐ Other Explain: _____

APPLICATION FOR EMPLOYMENT

Please answer all questions which apply to you. If they do not apply, mark them N/A. Please print, type or write legibly.

LAST NAME		FIRST NAME		MIDDLE NAME	
COMPLETE MAILING ADDRESS		CITY	STATE	ZIP CODE	COUNTY
HOME PHONE NUMBER		WORK PHONE NUMBER		MESSAGE OR OTHER PHONE NUMBER	

Position(s) for which you are applying (give title(s) and position number(s), if known):

1.	
2.	
3.	
4.	

EMPLOYMENT STATUS SECTION

Will you accept employment anywhere in the State?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, where would you accept employment? _____			
Will you accept any type of employment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, check which type(s) of employment you will accept.		<input type="checkbox"/> Full Employment	<input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Have you ever filed an application for employment with this agency?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what was your name at that time? _____			
Have you ever been employed by Arkansas State Government?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
List professional license(s) relevant to position(s) for which you are applying. Give type of license, license number, date of expiration, and state. _____			
May we contact your current employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your former employer(s)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATIONAL HISTORY

HIGH SCHOOL	Received:	If None, Highest Grade Completed ____
	<input type="checkbox"/> Diploma <input type="checkbox"/> G.E.D. <input type="checkbox"/> Certificate: Type Awarded: _____	

■ List below post secondary schools, colleges, universities, trade/vocational, or others attended:

Name and Location	From		To		Major/Minor	Hours Completed (See note below)	Degree/ Diploma Awarded	Date Graduated
	Mo.	Yr.	Mo.	Yr.				

Note: For hours completed indicate whether semester hours, quarter hours, clock hours, etc.

WORK HISTORY

List **all** prior work experience, **including military service**, beginning with your most recent employment. (Include **all** work experience **even if** you do not believe that experience to be related to the position or positions for which you are applying.) You may **include volunteer or unpaid work** as part of your history; however, you should include the number of hours per week which you performed these duties. If you do not have enough space to list all your work experience, use a separate sheet for continuation. If you wish to include a resume instead of completing the work history section, make sure all the requested information is included.

1. Current or most recent employer		Business phone number		Employment dates
Complete mailing address	City	State	Zip Code	From _____ Month Year
Type of business				To _____ Month Year
Supervisor's name				Average hours worked
Name under which employed		Your job title		per week _____
Your job duties (be specific)				Salary
				\$ _____ \$ _____ Lowest Highest
Reason for leaving				
2. Employer		Business phone number		Employment dates
Complete mailing address	City	State	Zip Code	From _____ Month Year
Type of business				To _____ Month Year
Supervisor's name				Average hours worked
Name under which employed		Your job title		per week _____
Your job duties (be specific)				Salary
				\$ _____ \$ _____ Lowest Highest
Reason for leaving				
3. Employer		Business phone number		Employment dates
Complete mailing address	City	State	Zip Code	From _____ Month Year
Type of business				To _____ Month Year
Supervisor's name				Average hours worked
Name under which employed		Your job title		per week _____
Your job duties (be specific)				Salary
				\$ _____ \$ _____ Lowest Highest
Reason for leaving				

4.	Employer		Business phone number		Employment dates
	Complete mailing address	City	State	Zip Code	From _____ Month Year
	Type of business				To _____ Month Year
	Supervisor's name				Average hours worked
	Name under which employed	Your job title		per week _____	
	Your job duties (be specific)				Salary
					\$ _____ \$ _____ Lowest Highest
Reason for leaving					
5.	Employer		Business phone number		Employment dates
	Complete mailing address	City	State	Zip Code	From _____ Month Year
	Type of business				To _____ Month Year
	Supervisor's name				Average hours worked
	Name under which employed	Your job title		per week _____	
	Your job duties (be specific)				Salary
					\$ _____ \$ _____ Lowest Highest
Reason for leaving					
6.	Employer		Business phone number		Employment dates
	Complete mailing address	City	State	Zip Code	From _____ Month Year
	Type of business				To _____ Month Year
	Supervisor's name				Average hours worked
	Name under which employed	Your job title		per week _____	
	Your job duties (be specific)				Salary
					\$ _____ \$ _____ Lowest Highest
Reason for leaving					

SPECIAL SKILLS

Typing Speed (corrected words per minute):
Stenographic Speed (words per minute):
Can you transcribe machine dictation? <input type="checkbox"/> YES <input type="checkbox"/> NO
List the business machines, computers and word processors you can operate:
List any other skills relative to the job(s) for which you are applying:

REFERENCES

- Please list three (3) persons not related to you, who have knowledge of your work qualifications, are not previous or current employer(s), and can serve as a reference for you.

Name	Address	Telephone
1.		
2.		
3.		

NEPOTISM

- Do you have any relatives employed by the state agency to which you are submitting this application for employment? ☐ Yes ☐ No If yes, complete the remainder of this section.
(This question is being asked for the sole purpose of ensuring compliance with any applicable law or policy concerning nepotism.)

Name	Relation	Agency employed by

■ Before you sign this application

Check over your answers to make sure that all questions have been completed properly. If the job you are applying for requires a college degree or certification, a copy of your transcript, certificate, or license may be required as a condition of employment.

I, the below signed individual, hereby declare that, to the best of my knowledge and my ability, the information on this application is true and factual.

I understand that if I am hired, that my employment is not for any definite period of time, and I may be terminated at any time.

I understand that if I state that I have a college degree, and do not have one, that my application will be rejected or, if hired, I will be terminated in accordance with Arkansas Code 21-12-102.

I understand that my application may be subject to disclosure as a public record under the Arkansas Freedom of Information Act.

I understand that certain jobs may require an acceptable driver's safety record, and that if my current or future driver's record is unacceptable under the State Driver's Risk Program, my application may be rejected and, if hired, I may be subject to termination.

I understand that I will be required to provide proof of eligibility to work in the United States pursuant to the Immigration Reform and Control Act of 1986 as a condition of any employment.

I understand that false, misleading, or incomplete statements could lead to my dismissal as an employee or rejection as an applicant.

I also understand that some jobs require special background checks, security clearance, or compliance with other specific agency hiring policies prior to my employment, or as a condition of employment; and that failure to meet these requirements may lead to my rejection as an applicant for, or termination from, that job.

I affirm that it is my genuine intent to seek, and if offered, employment in Arkansas State Government, and this application is submitted solely for that purpose and for no other purposes.

Signature of applicant

Date of signature

Arkansas Department of Health and Human Services
Application Addendum

CURRENT DHHS EMPLOYEES MUST COMPLETE AND SIGN THIS FORM WITH EACH APPLICATION SUBMITTED

Failure to complete, sign and submit this form with your application may result in your application being returned to you.

Name _____ AASIS Personnel Number _____

If you are currently employed as a Regular Status DHHS employee, please answer the following questions.

Please circle either ☐ YES or ☐ NO to indicate your answer.

Have you been in your current DHHS position less than six months?	YES	NO
Are you currently on Performance Probation (PPES rating of Unsatisfactory)?	YES	NO
Do you have 6 or more Disciplinary Points within the last twelve months?	YES	NO

If you answered "YES" to any of the questions above, you are not eligible to apply or accept an interview for any position within DHHS at this time.

I understand that false, misleading, or incomplete statements may result in disciplinary action and possible termination.

Signature _____ Date _____

This form should be returned to the address shown below:

**Arkansas Department of Health and Human Services
Office of Finance and Administration
Recruitment Section
Donaghey Plaza West Building
P. O. Box 1437, Slot W301
Little Rock, AR 72203-1437**

Arkansas Department of Health and Human Services
Application Addendum

You are required to complete this form if you are applying for Continuously Advertised Positions. Failure to indicate Counties and/or Divisions where you are willing to work will result in your application being returned to you. Please select **ONLY** the County Codes(s) and Division Code(s) where you will accept employment. **CURRENT DHHS EMPLOYEES *MUST* COMPLETE, SIGN AND SUBMIT THE DHHS FORM 1143-A.**

Name _____ SSN _____

Continuously Advertised Job Title for which you are applying: _____

County Codes	County Codes cont'd	County Codes cont'd
<input type="checkbox"/> 01-1 Arkansas (DeWitt)	<input type="checkbox"/> 33-1 Izard (Melbourne)	<input type="checkbox"/> 60-4 Pulaski East (College Station)
<input type="checkbox"/> 01-2 Arkansas (Stuttgart)	<input type="checkbox"/> 34-1 Jackson (Newport)	<input type="checkbox"/> 60-5 Pulaski (Jacksonville)
<input type="checkbox"/> 02-1 Ashley (Hamburg)	<input type="checkbox"/> 35-1 Jefferson (Pine Bluff)	<input type="checkbox"/> 60-6 Pulaski Central (Little Rock-Central Offices)
<input type="checkbox"/> 03-1 Baxter (Mountain Home)	<input type="checkbox"/> 36-1 Johnson (Clarksville)	<input type="checkbox"/> 61-1 Randolph (Pocahontas)
<input type="checkbox"/> 04-1 Benton (Bentonville)	<input type="checkbox"/> 37-1 Lafayette (Lewisville)	<input type="checkbox"/> 62-1 Saline (Benton/Alexander)
<input type="checkbox"/> 05-1 Boone (Harrison)	<input type="checkbox"/> 38-1 Lawrence (Walnut Ridge)	<input type="checkbox"/> 63-1 Scott (Waldron)
<input type="checkbox"/> 06-1 Bradley (Warren)	<input type="checkbox"/> 39-1 Lee (Marianna)	<input type="checkbox"/> 64-1 Searcy (Marshall)
<input type="checkbox"/> 07-1 Calhoun (Hampton)	<input type="checkbox"/> 40-1 Lincoln (Star City)	<input type="checkbox"/> 65-1 Sebastian (Fort Smith)
<input type="checkbox"/> 08-1 Carroll (Berryville)	<input type="checkbox"/> 41-1 Little River (Ashdown)	<input type="checkbox"/> 66-1 Sevier (DeQueen)
<input type="checkbox"/> 09-1 Chicot (Lake Village)	<input type="checkbox"/> 42-1 Logan (Paris)	<input type="checkbox"/> 67-1 Sharp (Ash Flat)
<input type="checkbox"/> 10-1 Clark (Arkadelphia)	<input type="checkbox"/> 42-2 Logan (Booneville)	<input type="checkbox"/> 68-1 St. Francis (Forrest City)
<input type="checkbox"/> 11-1 Clay (Piggott)	<input type="checkbox"/> 43-1 Lonoke (Lonoke)	<input type="checkbox"/> 69-1 Stone (Mountain View)
<input type="checkbox"/> 12-1 Cleburne (Heber Springs)	<input type="checkbox"/> 44-1 Madison (Huntsville)	<input type="checkbox"/> 70-1 Union (El Dorado)
<input type="checkbox"/> 13-1 Cleveland (Rison)	<input type="checkbox"/> 45-1 Marion (Yellville)	<input type="checkbox"/> 71-1 Van Buren (Clinton)
<input type="checkbox"/> 14-1 Columbia (Magnolia)	<input type="checkbox"/> 46-1 Miller (Texarkana)	<input type="checkbox"/> 72-1 Washington (Fayetteville)
<input type="checkbox"/> 15-1 Conway (Morrilton)	<input type="checkbox"/> 47-1 Mississippi (Blytheville)	<input type="checkbox"/> 73-1 White (Searcy)
<input type="checkbox"/> 16-1 Craighead (Jonesboro)	<input type="checkbox"/> 47-2 Mississippi (Osceola)	<input type="checkbox"/> 74-1 Woodruff (Augusta)
<input type="checkbox"/> 17-1 Crawford (Van Buren)	<input type="checkbox"/> 48-1 Monroe (Clarendon)	<input type="checkbox"/> 75-1 Yell (Danville)
<input type="checkbox"/> 18-1 Crittenden (West Memphis)	<input type="checkbox"/> 48-2 Monroe (Brinkley)	
<input type="checkbox"/> 19-1 Cross (Wynne)	<input type="checkbox"/> 49-1 Montgomery (Mount Ida)	Division Codes
<input type="checkbox"/> 20-1 Dallas (Fordyce)	<input type="checkbox"/> 50-1 Nevada (Prescott)	<input type="checkbox"/> A DHHS Director's Office
<input type="checkbox"/> 21-1 Desha (McGehee)	<input type="checkbox"/> 51-1 Newton (Jasper)	<input type="checkbox"/> B Office of Chief Counsel
<input type="checkbox"/> 22-1 Drew (Monticello)	<input type="checkbox"/> 52-1 Ouachita (Camden)	<input type="checkbox"/> C Division of Aging and Adult Services
<input type="checkbox"/> 23-1 Faulkner (Conway)	<input type="checkbox"/> 53-1 Perry (Perryville)	<input type="checkbox"/> D Division of Children and Family
<input type="checkbox"/> 24-1 Franklin (Ozark)	<input type="checkbox"/> 54-1 Phillips (Helena)	<input type="checkbox"/> F Division of Behavioral Health Services
<input type="checkbox"/> 25-1 Fulton (Salem)	<input type="checkbox"/> 55-1 Pike (Murfreesboro)	<input type="checkbox"/> G Division of Medical Services
<input type="checkbox"/> 26-1 Garland (Hot Springs)	<input type="checkbox"/> 56-1 Poinsett (Harrisburg)	<input type="checkbox"/> H Division of County Operations
<input type="checkbox"/> 27-1 Grant (Sheridan)	<input type="checkbox"/> 57-1 Polk (Mena)	<input type="checkbox"/> J Office of Finance and Administration
<input type="checkbox"/> 28-1 Greene (Paragould)	<input type="checkbox"/> 58-1 Pope (Russellville)	<input type="checkbox"/> K Division of Developmental Disabilities Services
<input type="checkbox"/> 29-1 Hempstead (Hope)	<input type="checkbox"/> 59-1 Prairie (DeValls Bluff)	<input type="checkbox"/> M Division of Services for the Blind
<input type="checkbox"/> 30-1 Hot Spring (Malvern)	<input type="checkbox"/> 60-1 Pulaski South (Little Rock MLK Jr. Dr.)	<input type="checkbox"/> P Division of Volunteerism
<input type="checkbox"/> 31-1 Howard (Nashville)	<input type="checkbox"/> 60-2 Pulaski North (North Little Rock)	<input type="checkbox"/> R Division of Youth Services
<input type="checkbox"/> 32-1 Independence (Batesville)	<input type="checkbox"/> 60-3 Pulaski (Little Rock Southwest)	<input type="checkbox"/> T Division of Childcare and Early Childhood Education